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Thank you for joining, we will begin shortly.



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VA Mobile Discussion Series: Preconception Care and Caring4Women Veterans Apps

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Women’s Health Services, VHA
Friday, June 26th 2015**

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- Introduction to the VA Mobile Health Provider Program
- About the Preconception Care and Caring4Women Veterans Apps
- Accessing the Apps
- Upcoming Women's Health Apps
- Lessons Learned
- Additional Resources

What is the VA Mobile Health Provider Program?

**Phase 1:
2014**



**Phase 2:
2015**



**Phase 3:
2015**

Begin to deliver devices to up to 11,000 VA care team members

Release VA-developed apps for VA care teams



Transition device procurement decisions to the field



Feedback from VA care team members indicates the tablets are already enhancing their care delivery

VA Medical Centers with Mobile Devices (2014)



Read program Success Stories to learn more about how mobile devices are enhancing care delivery:

<https://mobile.va.gov/providers/successories>

“A Mobile Device is “Worth a Thousand Words” in Patient Education”

-Dr. Leslee Davis

Women’s Clinic Medical Director
Orlando VA Medical Center

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WHS Mobile Applications

WHS App Name	Target Audience	Estimated Completion
Preconception Care	Providers	Summer 2015
Caring4WomenVeterans	Providers, fellows, residents new to VA or new to treating women	Summer 2015
Maternity Care Coordinator Support (MCC Support)	Maternity Care Coordinators, providers	Fall/Winter 2015
VA Moms	Women Veterans	Fall/Winter 2015
SafeWomenRx	Providers	Fall/Winter 2015

Preconception Care

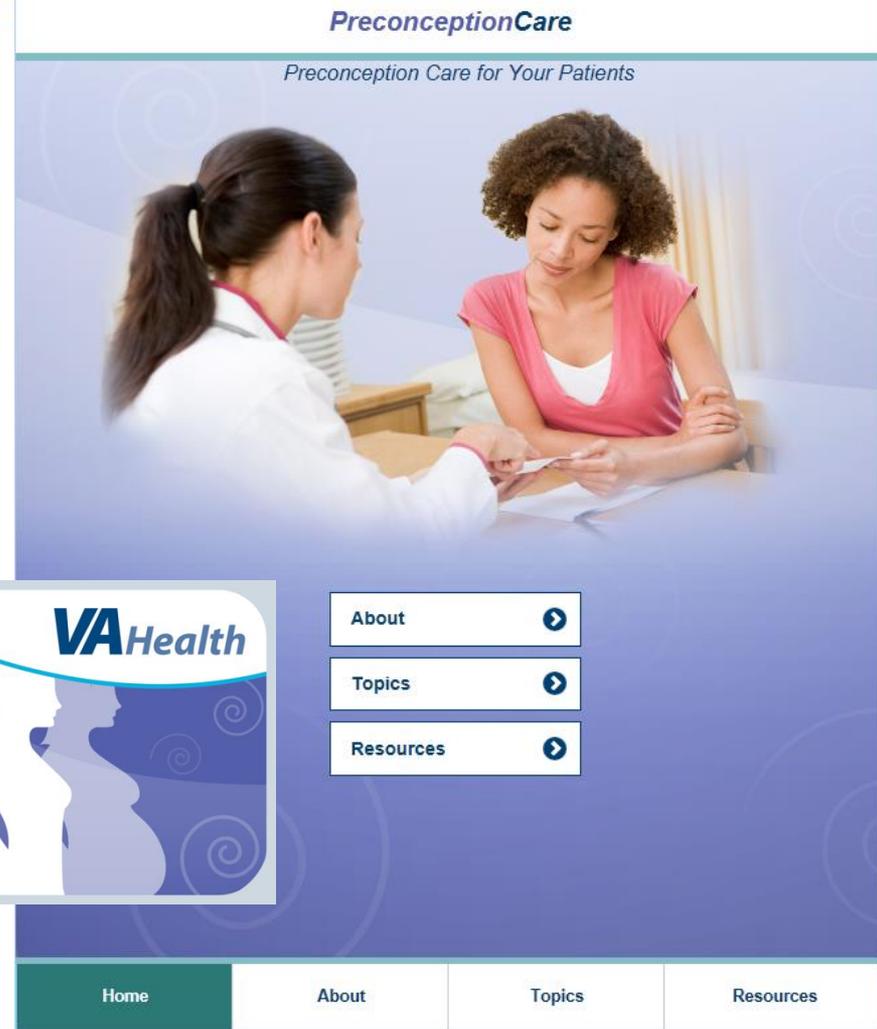
WHY? To optimize women Veterans health *before* pregnancy. Support providers with a national tool for preconception care.

AUDIENCE: VA and non-VA Providers

GOAL: Support integration of preconception care in all health care interactions.

FUNCTIONALITY: Informational

COLLABORATORS: WHS, Mental health



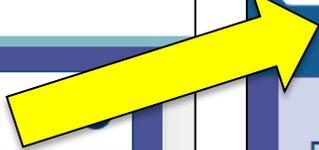
How can the Preconception Care app help care team members?

- The app is intended for use by both VA and non-VA care team members to:
 - Review a healthy lifestyle checklist with patients that addresses topics such as alcohol, drug and tobacco use.
 - Find talking points to guide discussions on medical and mental health issues, general health concerns and risk factors specific to pre-pregnancy and pregnancy decisions.
 - Share resources and evidence-based information with patients about services and programs from VA and other key organizations.

Home **Topics**

- Reproductive Life Plan
- Reproductive History
- Birth Control Methods
- Concurrent Health Issues
- Family/Genetic History & Risk
- Lifestyle Factors Checklist
- Medication Use & Risk Mitigation
- Men & Preconception Health
- Vaccinations

Home About **Topics** Resources



Topics **Reproductive Life Plan**

Planning for pregnancy (or to prevent pregnancy) reduces adverse pregnancy outcomes and improves the health of women and their families. Other parts of well-woman care, such as taking a complete sexual history, also inform this discussion. The CDC suggests using the following open-ended questions to encourage patients to consider their reproductive wishes and plans. Discussion of your patient's answers also provides opportunities for education about contraception and other health issues that can impact her well being during pregnancy.

Would you like to have any (more) children at any time in your future?

- Yes, I would like to have (more) children in the future
- No, I do not wish to have (more) children in the future

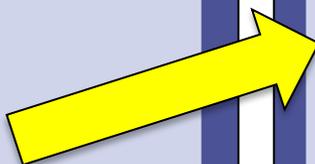
Home About **Topics** Resources

Reproductive History

The goal of taking a thorough reproductive history is to identify factors that may increase risk during a future pregnancy and actions that may mitigate these risks.

Questions to ask:

- **History of recurrent pregnancy loss**
click to expand contents +
- **History of ectopic pregnancy**
click to expand contents +
- **History of preterm birth**
click to expand contents +
- **History of second-trimester pregnancy loss**
click to expand contents +
- **History of cervical surgery (LEEP/Cone Biopsy)**
click to expand contents +
- **Known uterine anomaly (fibroids, septum or**



Reproductive History

Questions to ask:

- **History of recurrent pregnancy loss**

click to collapse contents -

- Recurrent pregnancy loss is the occurrence of 3 or more consecutive losses of a clinically recognized pregnancy prior to the 20th week of gestation
- Try to identify underlying cause of losses:
 - Start with a thorough history including pregnancy history as well as medical history and physical
 - Evaluate for parent karyotype abnormalities
 - Assess for presence of uterine anomalies (sonohysterogram)
 - Consider assessing for antiphospholipid syndrome
 - Assess thyroid function

Birth Control Methods

Contraceptive Methods from Most Effective to Least Effective

- Extremely Effective
- Highly Effective
- Very Effective
- Effective and Less Effective
- Emergency Contraception

Additional Contraceptive Information

- Relative Risks of Contraceptive Use
- Where to Order Contraceptives

Extremely Effective

Contraceptive Method	PPY	Additional Information
IUD – levonorgestrel (e.g. Mirena, Skyla)	<1	Use up to 5 years. May have lighter, infrequent, or absent menses. Rapid return of fertility after removal.
IUD – Copper T (e.g. ParaGard)	<1	Use up to 10 years. May have heavier, more painful menses initially. Rapid return of fertility after removal.
Tubal sterilization	<1	Permanent. Requires surgical procedure.
Partner's vasectomy	<1	Permanent with that partner. Ineffective with other partners.
Lactational amenorrhea for first 6 months after birth	1-2	Requires exclusive breastfeeding during first 6 months after delivery. Effectiveness declines thereafter.

*PPY = pregnancies per year that occur among 100 women with typical use of the method.

Concurrent Health Issues

- Asthma
- Chronic Pain/Narcotic Dependence
- Diabetes
- HIV
- Hypercoaguable Conditions & Thrombophilia
- Hypertension
- Lupus
- Obesity
- Renal Disease
- Seizure Disorders
- Sexually Transmitted Infections



Hypertension

- Counsel on Increased Risk with Pregnancy
click to expand contents +
- Management
click to expand contents +
- Contraception Counseling
click to expand contents +

Expand / Collapse All Content

Home

Preconception Tools & Resources

- Preconception Tools & Resources

For Providers	➔
For Patients	➔

Home About Topics **Resources**



Resources

Provider Preconception Resources

- **Before, Between & Beyond Pregnancy- National Preconception Curriculum and Resources Guide for Clinicians**
click to expand contents +
- **CDC Reproductive Life Plan Tool for Health Professionals**
click to expand contents +
- **CDC Contraceptive Medical Eligibility Criteria**
click to expand contents +
- **Genetic considerations for a woman's pre-conception evaluation - National Guidelines Clearinghouse, AHRQ**
click to expand contents +
- **Intimate Partner Violence Resources**
click to expand contents +

Home About Topics **Resources**

Caring4WomenVeterans

AUDIENCE: VA and non-VA Providers

GOAL: Provide education on the unique needs of women Veterans

FUNCTIONALITY: Informational only

COLLABORATORS: WHS, Primary Care, Mental Health, Homelessness



Caring4WomenVeterans

ABOUT
THIS APP

About Women Veterans



What To Ask



Common Veteran Issues



Transition to Civilian Life



Additional Resources



How will the Caring4Women Veterans app help care team members?

- The app is intended for use by both VA and non-VA care team members to:
 - Learn which particular health issues and conditions are common to a specific era of service.
 - View screening and treatment guidelines for women Veterans who have experienced Posttraumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST).
 - Share helpful, relevant resources with women Veterans who are transitioning to civilian life.

Facts About Women Veterans 

Women Veteran Population Growth 

Snapshot History of Women in the U.S. Military 

male counterparts.
A greater proportion of women Veterans are Black or Hispanic than their male counterparts.

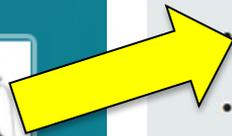
- Women Veterans are less likely to be married than their male counterparts.
- In FY 2009 and FY 2010 PTSD, hypertension, and depression were the top three diagnostic categories for women Veterans treated by VHA.
- About 1 in 5 women seen in VHA respond "yes" when screened for Military Sexual Trauma (MST).

Women Veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND)

- Women make up nearly 11.6 percent of OEF/OIF/OND Veterans.
- 57% of women OEF/OIF/OND Veterans have received VA health care; of these, 89.8 percent have used VA health care more than once.
- Nearly 51% of female OEF/OIF/OND Veterans who used VA care during FY 2002-2011 were born in or after 1970 (aged 43 or younger) compared to nearly 48 percent of male OEF/OIF/OND Veterans.

Women in the Military

- Women who have served in the military don't always identify themselves as Veterans.



Back What To Ask Home

Have you ever served in the military?

Why Ask? 

Questions to Ask 

About WV To Ask Vet Issues Transition Resources

Back Questions To Ask Home

Have you ever served in the military?

Location and Role

- What branch and what was your rank?
- When did you serve?
- What were your duties in the service?
- Where were you deployed?
- Where were you deployed?

Experiences

- Did you see combat, enemy fire, or casualties?
- Did you ever become ill while you were in the service?
- Did you seek help?
- What were you exposed to?
Examples: Chemical (pollution, solvents, etc.), Biological (infectious disease), Physical (radiation, heat, vibration, noise, etc.).
- Were you a prisoner of war?
- Ask about symptoms of PTSD, depression, or exposure to Military Sexual Trauma (MST). See this app's sections on PTSD and MST for more info.

VA Care

About WV To Ask Vet Issues Transition Resources

← Back Common Veteran Issues Home

Physical Health Issues By Era

Women Veterans and Suicide

Posttraumatic Stress Disorder (PTSD)

Military Sexual Trauma (MST)

About WV To Ask Vet Issues Transition Resources

← Back Military Sexual Trauma (MST) Home

VA website with information and resources on Military Sexual Trauma

What is MST?

What Can Providers Do?

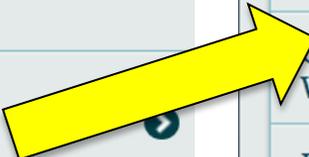
About WV To Ask Vet Issues Transition Resources



Physical Health Issues By Era

- Iraq War and Afghanistan War**
Iraq War (OIF/OND) – (2003 – 2011) and
Afghanistan War (OEF) – (2001 - present)
- Gulf War**
(1990 –1991)
- Vietnam War**
(1965- 1975)
- Cold War**
(1945-1991)
- Korean War**
(1950- 1953)
- World War II**
(1939- 1945)

About WW To Ask Vet Issues Transition Resources



Gulf War 1990 – 1991

- Burns
- Chemical & Biological Weapons during the Gulf War**
- Depleted Uranium (DU)
- Embedded Fragments (shrapnel)
- Heat Injury
- Immunizations & Medications
- Infectious Diseases
- Nerve Agents
- Oil Well Fires/Smoke
- Particulate Matter
- Pesticides

About WW To Ask Vet Issues Transition Resources

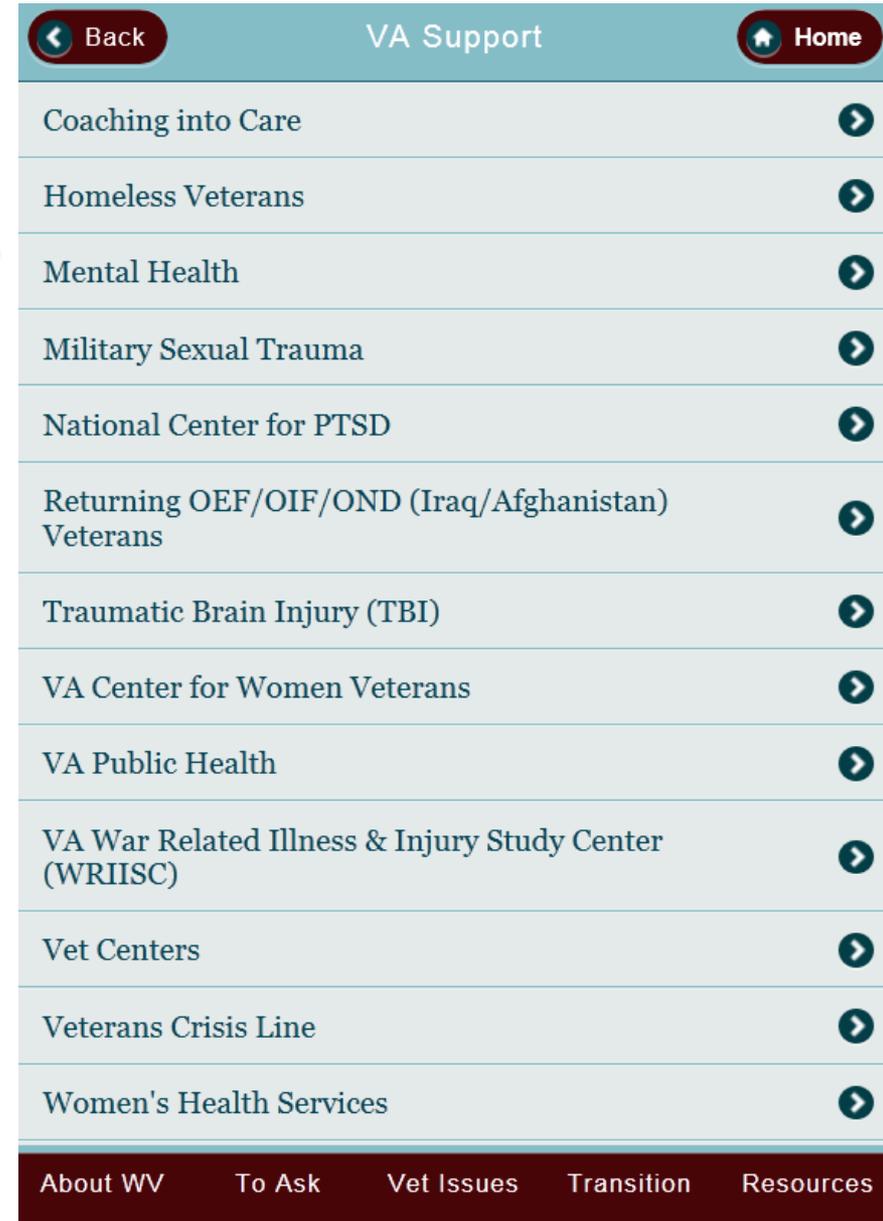
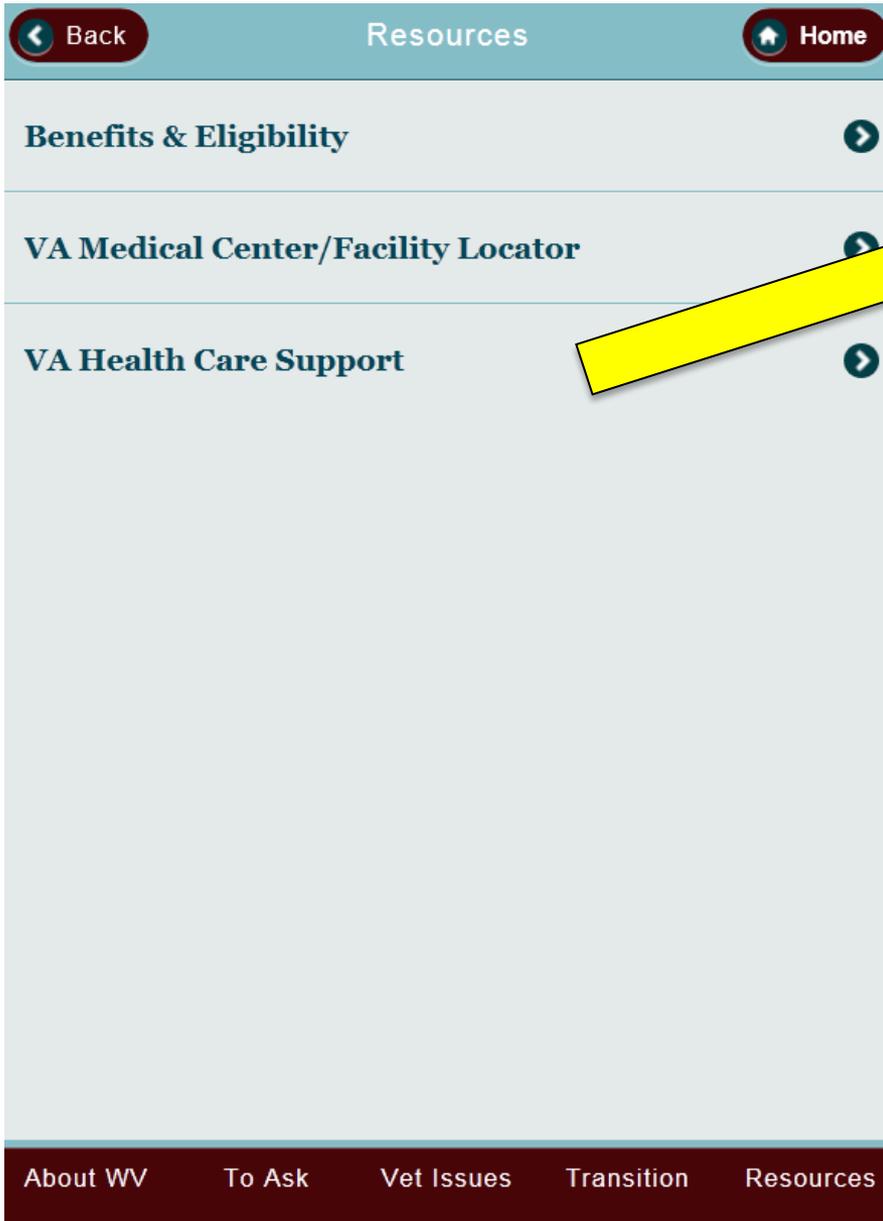


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Accessing the Apps

- Once the apps are released (tentatively mid-July) the direct download link for Apple/Android stores, and training materials such as a User Manual, Slideshow and FAQs will be available at:
 - Preconception Care:
<https://mobile.va.gov/training/preconception-care>.
 - Caring4Women Veterans:
<https://mobile.va.gov/training/caring-4-women-veterans>.



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Upcoming Women's Health Apps

7:11 PM

MCC Support

Tools and Resources that Support Maternity Care Coordination

8 calls in queue for this week

View the Maternity Patients list

See the Call Queue

Add a Veteran to Maternity Patients list

Information to Support MCC's and VA Providers

About this App	Vaccinations
Pregnancy PCP Visits	Depression Screens
Pregnancy Risk Assessments	IPV Screens
Prenatal Care Timeline	VA/DoD Pregnancy Guidelines
Call Outlines	Other Resources

MCC Support v0.0.1

Logged In Jane Smith

SafeWomenRx

Hypertension



Background

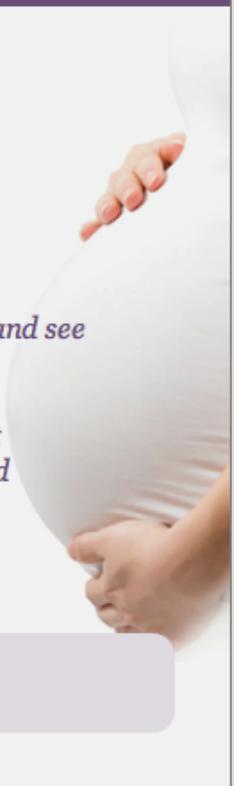
- Among women Veterans aged 18-44 using VHA for their healthcare, 9.4% have a diagnosis of hypertension. Hypertension complicates 5% of pregnancies.
- Hypertension is defined as:
 - A systolic BP of 140 mm Hg or greater, a diastolic BP of 90 mm Hg or greater, or both.
 - During pregnancy, hypertension is considered mild to moderate until diastolic or systolic levels reach or exceed 110 mm Hg and 160 mm Hg respectively.

1

SafeWomenRx

7:11 PM

VA Moms



VA Moms

Chart your pregnancy and see your medical history

Find information about pregnancy that's geared towards Veterans

Login

VA Moms v 1.0.0

Not Logged In

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Lessons Learned

1. Understanding roles and expectations
2. Realistic expectations (Business Owners)
3. Know the key players and involve them early
4. Sprint review and agile process not always agile
5. IT developers responsible for functionality development – not medical editing
6. Defects vs. Bugs vs. Enhancements
7. Timelines
8. Be ready to hit the ground running
9. Making changes

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Additional Resources

- Explore and access additional apps developed by VA Mobile, free for both care team members and patients on the VA App Store: <https://mobile.va.gov/appstore>.
- For more information about the VHA's office of Women's Health Services and to view additional resources available for care team members working with women Veterans, visit: <http://www.womenshealth.va.gov/>.

Contact Information

- For questions about the VHA's office of Women's Health Services apps, or to report content issues or suggested revisions, please contact the VA Mobile help desk at (877) 470-5947 (available weekdays 7 a.m.-7 p.m. CT).

Questions?



Thank you!

What future topics would you like to discuss?
Let us know by providing feedback below:

<https://www.surveymonkey.com/r/QM8ZJHN>

Join us for next month's presentation July 24
on the new 311VET App